

INSTRUCTIONS FOR COMPLETING  
**APPLICATION FOR CONTRACTOR REGISTRATION**

NOTICE: ALL ITEMS LISTED BELOW MUST BE SUBMITTED WITH THIS APPLICATION AS A COMPLETE OR YOUR REGISTRATION **WILL NOT BE PROCESSED**.

A COMPLETE PACKAGE INCLUDES:

1. THIS APPLICATION SIGNED AND NOTARIZED
2. BOND OR ASSIGNMENT FORM (ORIGINALS ONLY)
3. CERTIFICATE OF INSURANCE AND/OR ASSIGNMENT FORM(S) FOR INSURANCE (ORIGINALS ONLY)
4. UNIFIED BUSINESS IDENTIFIER (UBI #) **AND** IRS EMPLOYER ID. NO.; CORPORATION NO. IF APPLICABLE
5. \$100.00 CHECK MADE PAYABLE TO THE DEPT OF LABOR AND INDUSTRIES

THE BUSINESS NAME MUST BE **EXACTLY THE SAME** ON **ALL** DOCUMENTS OR THE APPLICATION WILL BE RETURNED.

**BOND REQUIREMENTS:**

\$12,000 GENERAL CONTRACTOR

\$6,000 SPECIALTY CONTRACTOR

- YOU MUST SUBMIT AN **ORIGINAL** (NOT A COPY) CONTINUOUS CONTRACTOR'S SURETY BOND WITH AN EFFECTIVE DATE AND SEAL OF THE BONDING COMPANY. (NOT PERFORMANCE, LICENSE OR PERMIT BONDS)
- THERE CAN BE NO ERRORS, CORRECTIONS, WHITE-OUTS, ALTERATIONS OR ADDITIONS ON THE BOND FORM. IN LIEU OF A SURETY BOND YOU MAY SUBMIT AN ORIGINAL "ASSIGNMENT OF ACCOUNT" FORM WHICH HAS BEEN COMPLETED BY A BANK. WASHINGTON STATE BANKS ONLY.

**INSURANCE REQUIREMENTS:**

MINIMUM AMOUNTS (Coverage must be for each occurrence)

\$50,000 PROPERTY DAMAGE

\$200,000 PUBLIC LIABILITY

- THE CERTIFICATE OF INSURANCE OR OTHER INSURANCE DOCUMENT **MUST** INCLUDE THE FOLLOWING:

POLICY NUMBER	EFFECTIVE DATE	SIGNATURE OF AGENT
AMOUNTS OF COVERAGE	EXPIRATION DATE OR UNTIL CANCELED	CANCELLATION CLAUSE

EXACT SAME BUSINESS NAME AS ON THE BOND AND THE APPLICATION FOR CONTRACTOR REGISTRATION  
LABOR AND INDUSTRIES, CONTRACTOR REGISTRATION SECTION AS CERTIFICATE HOLDER.

- THE ORIGINAL CERTIFICATE OF INSURANCE MUST BE SUBMITTED. THERE CAN BE NO ERRORS, CORRECTIONS, OMISSIONS, ADDITIONS, ALTERATIONS OR WHITE-OUTS.
- IN LIEU OF AN INSURANCE CERTIFICATE OR DOCUMENT, YOU MAY SUBMIT AN ORIGINAL "ASSIGNMENT OF ACCOUNT FOR INSURANCE" FORM THAT HAS BEEN COMPLETED BY A BANK. WASHINGTON STATE BANKS ONLY. ASSIGNMENT OF ACCOUNT FORMS FOR INSURANCE ARE AVAILABLE AT YOUR LOCAL DEPT OF LABOR AND INDUSTRIES OFFICE.

**OTHER REGISTRATION NUMBERS REQUIRED:**

YOU MAY APPLY FOR THE UNIFIED BUSINESS IDENTIFIER (UBI) ACCOUNT NUMBER AT ANY LOCAL DEPARTMENT OF LABOR AND INDUSTRIES DIVISION OF INSURANCE SERVICES, THE DEPT OF REVENUE, EMPLOYMENT SECURITY DEPT, OR THE BUSINESS LICENSE SERVICE IN OLYMPIA.

APPLICANTS HAVING EXISTING ACCOUNT NUMBERS THAT ARE CURRENT WITH THE DEPARTMENT OF REVENUE, DIVISION OF INSURANCE SERVICES & EMPLOYMENT SECURITY DEPT SHALL USE THOSE NUMBERS.

I.R.S. EMPLOYER ACCOUNT NUMBER (FEDERAL) MUST BE PROVIDED. IF YOU ARE A SOLE PROPRIETORSHIP AND HAVE NO EMPLOYEES, YOU MAY USE YOUR PERSONAL SOCIAL SECURITY NUMBER. YOU MAY ALSO SUBMIT A COPY OF THE COMPLETED IRS APPLICATION. (SEND THE ORIGINAL TO THE IRS)

**NOTICE:** IF ANY OF THE OWNERS/OFFICERS HAVE EVER PREVIOUSLY BEEN REGISTERED IN THE STATE OF WASHINGTON AS A GENERAL OR SPECIALTY CONTRACTOR AND HAVE ANY UNSATISFIED FINAL JUDGMENTS THAT WERE FILED AGAINST THE PREVIOUS REGISTRATION, **REGISTRATION WILL BE DENIED**. ALL PREVIOUS REGISTRATIONS, OWNERS, AND OFFICERS WILL BE VERIFIED. FILES MAY BE IN STATE ARCHIVES WHICH MAY DELAY VERIFICATION AND REGISTRATION.

TO OBTAIN THE UNIFIED BUSINESS IDENTIFIER (UBI) ACCOUNT NUMBER, CONTACT YOUR LOCAL DEPARTMENT OF LABOR AND INDUSTRIES DIVISION OF INSURANCE SERVICES, THE DEPARTMENT OF REVENUE, EMPLOYMENT SECURITY DEPARTMENT, OR THE BUSINESS LICENSE SERVICE IN OLYMPIA.

EMPLOYER'S IDENTIFICATION NUMBER  
(EMPLOYER SOCIAL SECURITY) (NOT PERSONAL NUMBER)

INTERNAL REVENUE SERVICE OR YOUR LOCAL INTERNAL REVENUE SERVICE

INTERNAL REVENUE SERVICE CENTER  
2404 CHANDLER CT SW STE 280  
OLYMPIA WA 98502 TOLL FREE: 1-800-424-1040

BUSINESS LICENSE SERVICE

DEPARTMENT OF LICENSING  
405 BLACK LAKE BLVD  
OLYMPIA WA 98504

(360) 664-1400



## You can help

We are looking for ways to improve the awareness of our program and are interested on how you found out about us. You registered because:

- ☐ Advised by a Compliance Inspector
- ☐ Received an infraction
- ☐ Received information via newspaper, flyer, website, etc.
- ☐ Denied building permit
- ☐ Advised by other government agencies
- ☐ Received information from a bonding or insurance agent.
- ☐ Other (please indicate) \_\_\_\_\_

<b>DO NOT WRITE IN SHADED AREA</b>				RECEIVED BY
<b>01 or 02</b>	COUNTY CODE	TYPE	ENTERED BY	DATE ENTERED
EFFECTIVE DATE	EXPIRATION DATE	CONTRACTOR REGISTRATION NUMBER		

DEPARTMENT OF LABOR AND INDUSTRIES  
CONTRACTOR'S REGISTRATION SECTION  
PO BOX 44450  
OLYMPIA WA 98504-4450



## APPLICATION FOR CONTRACTOR REGISTRATION

PLEASE PRINT OR TYPE: Use Ink

(360) 902-5226

BUSINESS NAME (LIMIT TO 30 CHARACTERS AND ONLY ONE BUSINESS NAME)	PHONE # (area code)	COUNTY
MAILING ADDRESS	CITY	STATE
		ZIP + 4

DO YOU HAVE OR WILL YOU BE HIRING EMPLOYEES?

☐ YES ☐ NO

If yes, please list your Industrial insurance Account number.

HAVE ANY OF THE PRINCIPAL OWNERS/OFFICERS, UNDER ANY OTHER CONSTRUCTION BUSINESS NAME EVER BEEN PREVIOUSLY OR ARE CURRENTLY REGISTERED IN WASHINGTON AS A CONTRACTOR?

☐ YES ☐ NO

IF YES, GIVE PREVIOUSLY REGISTERED BUSINESS NAME:

PREVIOUS REGISTRATION NUMBER REG # DATE EXPIRED:

DO YOU WANT YOUR PREVIOUS CONTRACTOR REGISTRATION:

CONTINUED AS A SEPARATE BUSINESS

☐ YES ☐ NO

LISTED AS INACTIVE

☐ YES ☐ NO

\*\*\* NOTE: PREVIOUS REGISTRATION WILL BE REFERENCED IN CURRENT FILE \*\*\*

MARK THE TYPE OF REGISTRATION: ☐ GENERAL CONTRACTOR ☐ SPECIALTY CONTRACTOR

SPECIALTY CONTRACTORS ONLY: WRITE IN ONE OR TWO TRADES FROM LIST BELOW:

SPECIALTY CODE

SPECIALTY CODE

BA ACOUSTICAL	BR HOUSE MOVING	CE SEAL COATING
AA AIR CONDITIONING*	BS HYDRAULIC INSTALLATION/REPAIR	CF SERVICE STATION EQUIPMENT*
BG APPLIANCES/EQUIPMENT*	BT INSTITUTIONAL/EQUIP/STATIONARY	CG SHEET METAL
XX ASBESTOS	FURNITURE/LAB TABLES/LOCKERS	CH SIDING (OTHER THAN WOOD)
BC AWNINGS/CANOPIES/CARPORTS/PATIO	BU INSULATION	CI SIGNS--- NON-ELECTRICAL
COVERINGS	BV IRRIGATION/SPRINKLING SYSTEMS*	CJ STEEL/ALUMINUM ERECTORS
AC BOILER/STEAM FITTING/PROCESS PIPING	BW LANDSCAPING*	CK STEEL REINFORCING/BAR/WIRE MESH
BD CABINET AND MILLWORK	BX LATHING	CL STRUCTURAL PEST CONTROL/REPAIR
BE CARPENTRY/FRAMING	BY MACHINERY	CM SWIMMING POOLS/SERVICE/REPAIR*
CW CARPET LAYING	BZ MASONRY	CN TANKS/TANK RENOVATING
BF CERAMIC/PLASTIC/METAL TILE	MH MOBILE HOME SET-UP	CO VENETIAN BLINDS/SHADES/DRAPES
AB COMMERCIAL/INDUSTRIAL REFRIGERATION*	CA ORNAMENTAL/METALS	AF WARM AIR VENTING/VENTILATION &
BI CONCRETE	OG OVERHEAD/GARAGE DOORS	EVAPORATIVE COOLING
BJ DEMOLITION	CB PAINTING/WALL COVERING	CP WATER CONDITIONING EQUIPMENT*
BK DRYWALL	PS PAVING/STRIPING	CQ WATER PROOFING
BL ELEVATOR	CC PLASTERING	CR WEATHER STRIPPING
BM EXCAVATING/GRADING	AD PLUMBING*	CS WELDING
BN FENCING	PW PRESSURE WASHING	WD WELL DRILLING**
BO FIRE PROTECTION SYSTEM (other than elect)	BH RESILIENT FLOOR/COUNTERTOP	CT WOOD FLOOR LAYING/FINISHING
BP GLAZING/GLASS	MATERIALS/PLASTIC FINISH MASONITE	WS WOODSTOVE INSTALLATION
BQ GUNITE	CD ROOFING	EX OTHER (SPECIFY):
CV GUTTERS/DOWNSPOUTS	AE SANITATION SYSTEMS "Side Sewer"	

\* MAY ALSO REQUIRE ELECTRICAL, PLUMBER CERTIFICATION OR ELECTRICAL LICENSES.

\*\* ADDITIONAL LICENSING REQUIREMENTS ARE NECESSARY THRU WA STATE DEPT OF ECOLOGY - (360) 407-6649

### OTHER REGISTRATION NUMBERS REQUIRED

NOTICE: YOU MUST FILL IN THE ACCOUNT NUMBERS LISTED BELOW. FEDERAL I.R.S. NUMBER MUST BE PROVIDED.

UNIFIED BUSINESS IDENTIFIER (UBI) ACCT. NO.	I.R.S. EMPLOYER IDENTIFICATION NUMBER (FEDERAL)	CORP. NO. IF APPLICABLE
		INDUSTRIAL INSURANCE ACCOUNT #

**IF NUMBERS ARE NOT SUBMITTED YOUR REGISTRATION WILL NOT BE PROCESSED**

# TYPE OF ORGANIZATION (COMPLETE ONE OF THE FOLLOWING)

<input type="checkbox"/>	<b>INDIVIDUAL PROPRIETORSHIP</b>	(LIST INDIVIDUAL NAME, NOT BUSINESS NAME) (TYPE OR PRINT)	SOCIAL SECURITY #	PHONE NO. (    )
MAILING ADDRESS		CITY	STATE	ZIP + 4

<input type="checkbox"/>	<b>PARTNERSHIP</b>				PHONE NO. (    )
NAMES (TYPE OR PRINT)		MAILING ADDRESS	CITY	STATE	ZIP + 4
					SOCIAL SECURITY #

<input type="checkbox"/>	<b>CORPORATION</b>	<input type="checkbox"/>	<b>LLC</b>	<input type="checkbox"/>	<b>LLP</b>	PHONE NO. (    )
POST OFFICE ADDRESS OF PRINCIPAL OFFICE		MAILING ADDRESS		CITY	STATE	ZIP + 4
						SOCIAL SECURITY #
PRESIDENT (TYPE OR PRINT)		MAILING ADDRESS		CITY	STATE	ZIP + 4
						SOCIAL SECURITY #
VICE PRESIDENT		MAILING ADDRESS		CITY	STATE	ZIP + 4
						SOCIAL SECURITY #
SECRETARY		MAILING ADDRESS		CITY	STATE	ZIP + 4
						SOCIAL SECURITY #
TREASURER		MAILING ADDRESS		CITY	STATE	ZIP + 4
						SOCIAL SECURITY #
STATUTORY AGENT		MAILING ADDRESS		CITY	STATE	ZIP + 4

NOTE: Social Security Numbers for identification only  
**SIGN AND HAVE NOTARIZED THE AFFIDAVIT BELOW:**

## AFFIDAVIT OF SIGNATURE

WE (I), THE UNDERSIGNED, BEING FIRST DULY SWORN, EACH FOR HIMSELF DEPOSES AND SAYS: THAT THE UNDERSIGNED ARE THE TRULY ELECTED, QUALIFIED, AND ACTING OFFICERS, OR PARTNERS, OR INDIVIDUALLY, AS THE CASE MAY BE, OF THE WITHIN NAMED APPLICANT(S), AS PER THEIR SIGNATURE BELOW; THAT WE (I) HAVE READ THE CONTENTS OF THIS APPLICATION, AND TO THE BEST OF OUR(MY) KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE IN SUBSTANCE AND EFFECT AND ARE MADE IN GOOD FAITH.

(TYPE OR PRINT NAME)	(SIGNATURE)	(TITLE)

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS <b>DATE</b>	MY COMMISSION EXPIRES ON:
NOTARY PUBLIC	RESIDING AT

### BEFORE MAILING THIS APPLICATION: HAVE YOU INCLUDED THE FOLLOWING?

1. COMPLETED APPLICATION WITH NOTARIZED SIGNATURE(S)
2. **ORIGINAL** SURETY BOND OR ASSIGNMENT FORM (NOT COPIES)
3. INSURANCE CERTIFICATE OR DOCUMENT, AND/OR ASSIGNMENT FORM FOR INSURANCE (originals only)
4. UNIFIED BUSINESS IDENTIFIER (UBI) ACCOUNT NUMBER. REVENUE #

**NOTICE: IF THESE ITEMS ARE NOT SUBMITTED IN ONE PACKAGE, YOUR REGISTRATION WILL NOT BE PROCESSED!**

5. IRS NUMBER OR COPY OF COMPLETED APPLICATION
6. \$100.00 CHECK OR MONEY ORDER